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Hawkesbury, ON  
K6A 1K7  
Canada

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**D4379-1**  
**Job Sheet 187441**



Part No: D4379-1

Job Qty: 20 ea

Part Name: Wearplate Cup



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 12/4/18

Job Tracking No:

Due Date: 12/21/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV D SHEET 1 IPP REV:A NEW ISSUE 11-04-13 JLM VERIFIED BY:DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off               |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|------------------------|
|       |                    |        |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |                        |
| 90    | Start up Operation | 20 Ea  | 12/21/18   | 12/21/18 | 0.00      | 0.00    | Start Up Machining-3  |           | SBL<br>18/12/18<br>JSC |
| 100   | Doosan             | 20 pcs | 12/21/18   | 12/21/18 | 0.00      | 2.55    | Doosan                |           |                        |
| 120   | QC                 | 20 pcs | 12/21/18   | 12/21/18 | 0.00      | 0.00    | QC8                   |           |                        |
| 130   | Packaging          | 20 pcs | 12/21/18   | 12/21/18 | 0.00      | 0.00    | Packaging3-2          |           |                        |
| 140   | QC21-SA            | 20 Ea  | 12/21/18   | 12/21/18 | 0.00      | 0.00    | QC21                  |           |                        |

Part Op 100 - turn as per Dwg and folio FB057  
Descriptions: 130 - LOCATION: WA001-15

DAG  
21  
9-30

DEC 19 2018

### Job BOM

| Part / Item | Component Name       | Quantity             | Operation             | Container |
|-------------|----------------------|----------------------|-----------------------|-----------|
| M304R0.750  | 304 SS Roundbar .750 | 1 ft (.05 ea)        | 90-Start up Operation | 3115007   |
|             |                      | <del>134</del> 1.417 |                       |           |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M304R0.750     | 1        | 125       | 0         |

### Part Specifications

| Spec No | Description | Target/Tolerance               | Limits         | Type     | Special Comments |
|---------|-------------|--------------------------------|----------------|----------|------------------|
| 1       | Wearplate   | 0.266Inches + 0.006<br>- 0.001 | 0.272<br>0.265 | Diameter |                  |
| 2       | Wearplate   | 0.507Inches ± 0.010            | 0.517<br>0.497 |          |                  |
| 3       | Wearplate   | 0.233Inches ± 0.010            | 0.243<br>0.223 |          |                  |
| 4       | Wearplate   | 0.466Inches ± 0.010            | 0.476<br>0.456 |          |                  |
| 5       | Wearplate   | 0.625Inches + 0.000<br>- 0.005 | 0.625<br>0.620 |          |                  |
| 6       | Wearplate   | 0.200Inches ± 0.010            | 0.210<br>0.190 |          |                  |
| 7       | Wearplate   | 0.438Inches ± 0.010            | 0.448<br>0.428 |          |                  |



Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                        |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | MRB (QSI042)           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Completed By           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Lead hand / Supervisor |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QC / QA Coordinator    |  |
| <b>Root Cause</b><br><br><div style="display: flex; flex-direction: column;"> <div>Operator <input type="checkbox"/></div> <div>Manufacturing Process <input type="checkbox"/></div> <div>Equip/Tooling <input type="checkbox"/></div> <div>Handling/Presservation <input type="checkbox"/></div> <div>Material <input type="checkbox"/></div> <div>Product Improvement <input type="checkbox"/></div> <div>Process Improvement <input type="checkbox"/></div> <div>Human Factors <input type="checkbox"/></div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div style="width: 50%;"> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div style="width: 50%;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div style="width: 50%;"> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                        |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |

|   |           |                           |                  |       |
|---|-----------|---------------------------|------------------|-------|
| 8 | Wearplate | 0.030Inches $\pm$ 0.100   | 0.130<br>(0.070) |       |
| 9 | Wearplate | 45.000Degrees $\pm$ 0.000 | 45.000<br>45.000 | Angle |

Plex 12/4/18 12:57 PM Dart.lajeunesse.marie



Entered: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE



NCR No. \_\_\_\_\_

Route update only ☐

| Job: _____<br>Part No. _____                    |                                                       | DISPOSITION                                              | DEPARTMENT/PROCESS                                                                                                                                                                                                                                                                                                                                                          |                                            |
|-------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date : _____                                    | Sequence #: _____                                     | Re _____<br>S _____<br>Use _____                         | <div><br/>Dart Aerospace Ltd.<br/>1270 Aberdeen Street<br/>Hawkesbury, ON K6A 1K7<br/>CANADA<br/>TEL: 1 813 632-5200<br/>Email: sales@dartaero.com<br/>www.dartaerospace.com</div> <div>Part: D4379-1<br/>Job No: 187441<br/>Serial No/Batch: S136846<br/>Inspector: _____<br/>Revision: _____<br/>Exp Date: _____<br/>Instructions: Various STC's<br/>Date: 12/11/18</div> |                                            |
| Description Work Order Deviation                |                                                       |                                                          |                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| <b>Root Cause</b>                               |                                                       | <b>FAULT CATEGORY</b>                                    |                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| Operator <input type="checkbox"/>               | Pressure/Forced <input type="checkbox"/>              | Contamination <input type="checkbox"/>                   | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                   | Positioned Wrong <input type="checkbox"/>  |
| Manufacturing Process <input type="checkbox"/>  | Bending <input type="checkbox"/>                      | Misaligned/off center <input type="checkbox"/>           | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | Outside Tolerance <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>          | Crushing <input type="checkbox"/>                     | BOM/Route <input type="checkbox"/>                       | Grain Direction <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                    | Drawing <input type="checkbox"/>           |
| Handling/Presservation <input type="checkbox"/> | Cracks <input type="checkbox"/>                       | Broken/Damage/Defect <input type="checkbox"/>            | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                               | Finish <input type="checkbox"/>            |
| Material <input type="checkbox"/>               | Crimp/Kink/Ripple/Wave/Twist <input type="checkbox"/> | Incomplete/Unclear Instructions <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                 | Part Lost/Missing <input type="checkbox"/> |
| Product Improvement <input type="checkbox"/>    | Marks/Chatter <input type="checkbox"/>                | Drill Holes <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                    | Misread <input type="checkbox"/>           |
| Process Improvement <input type="checkbox"/>    | Mislabeled <input type="checkbox"/>                   | Fit/Function <input type="checkbox"/>                    | Off-set/Set-up <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                     |                                            |
| Human Factors <input type="checkbox"/>          | Other/Details: _____                                  |                                                          |                                                                                                                                                                                                                                                                                                                                                                             |                                            |